| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY Report Number: 38447 | |
|---|--|---|--|
| Name and Address of Committee | 2. Date of this Statement | Date Filed: 1/23/2014 | |
| ENTERGY CORPORATION POLITICAL ACTION COMMITTEE 425 West Capitol Avenue Suite 40B Little Rock, AR 72201 | 1/23/2014 | | |
| | 3. Estimated Membership | | |
| | 500 | | |
| Check If: | 4. Amended Statement? | | |
| New Committee | YesX_No | | |
| All Committee Officers and Directors (including Chairperson, Treasure a. <u>Name</u> b. <u>Position</u> | er, if any, and any other committee of c. <u>Address</u> | officers and directors) | |
| JODY MONTELARO C/O Chairperson KATHY CROWDER | P.O. Box 551 | | |
| e | Little Rock, AR 7220 | 03 | |
| ANDREA WEINSTEIN Treasurer | 425 West Capitol Av | venue 24B | |
| | Little Rock, AR 722 | 03 | |
| 6. Affiliated Organizations (Any organization other than a political committee which directly or indirectly established administers or financially supports this committee) a. Name b. Address c. Relationship to Committee | | | |
| On attached sheet | | | |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market multiral funds.) | | | |
| a. <u>Name</u> b. <u>Address</u> | | | |
| On attached sheet | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one:Principal Campaign CommitteeSubsidiary Committee | | | |
| b. Name of Candidate | c. C | Office Sought by the Candidate | |
| 9. a. Name of Person Preparing Report ASST. TREASURER KATHY CROWDER | | | |
| b. Daytime Telephone 501-377-4237 10. WE HEREBY CERTIFY that the information contained in this STATEI | MENT OF ODGANIZATION is true | and correct to the best of our knowledge | |
| information and belief. | VICINI OF ORGANIZATION IS tide a | and confect to the best of our knowledge, | |
| This 23rd day of January , 201 | | | |
| Jody Montelaro | | | |
| Signature of Committee/Chairperson | | Daytime Telephone | |
| Andrea Weinstein | | 501-377-4237 | |
| Signature of Committee Treasurer, if any | | Daytime Telephone | |

Form 200, Rev. 12/03

| 6. Affiliated Organiza | tions | |
|------------------------|---|---|
| (Any organization, | other than a political committee, which directly or indirectly established, a | administers, or financially supports this committee.) |
| a. <u>Name</u> | b. Address | c. Relationship to Committee |

None

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

b. Address a. Name

REGIONS BANK Capital & Broadway

Little Rock, AR 72201